

STATE OF HAWAII
STATE PROCUREMENT OFFICE
REGISTRATION STATEMENT
OF HEALTH AND HUMAN SERVICE PROVIDER RESPONSIBILITY
(CHAPTER 103F, HRS)

1. Applicant Information Legal Name: _____ Doing Business As: _____	2. Contact Person for Matters Involving this Statement Name: _____ Title: _____ Phone: _____ Fax: _____ e-mail: _____																																																																																				
3. Address Street Address: _____ Mailing Address: _____	4. Type of Business Entity <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> For-Profit Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor/Individual State of incorporation (as applicable): _____ Business Activity: _____																																																																																				
5. General Population(s) Applicant is Able to Serve Children & Adolescents: <input type="checkbox"/> 0-3 <input type="checkbox"/> 3-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-12 <input type="checkbox"/> 12-18 Adults: <input type="checkbox"/> 18-21 <input type="checkbox"/> 21-59 <input type="checkbox"/> 60+ Families: <input type="checkbox"/>	6. Geographic Area(s) Applicant is Able to Serve Oahu: <input type="checkbox"/> Honolulu <input type="checkbox"/> Central <input type="checkbox"/> Leeward <input type="checkbox"/> Windward Hawaii: <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Maui <input type="checkbox"/> Molokai <input type="checkbox"/> Lanai <input type="checkbox"/> Kauai																																																																																				
7. Special Population(s) Applicant is Able to Serve <div style="text-align: center; font-size: small;">Ages</div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Population</th> <th style="text-align: center; border-bottom: 1px solid black;">0-3</th> <th style="text-align: center; border-bottom: 1px solid black;">3-5</th> <th style="text-align: center; border-bottom: 1px solid black;">Children</th> <th style="text-align: center; border-bottom: 1px solid black;">Adolescents</th> <th style="text-align: center; border-bottom: 1px solid black;">Adults</th> <th style="text-align: center; border-bottom: 1px solid black;">Families</th> </tr> </thead> <tbody> <tr> <td>Children with Special Needs</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Persons with Developmental Disabilities/Mental Retardation</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Dependent or Disabled</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Persons in Need of Mental Health Services.....</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Seriously Mentally Ill</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Harmed or Threatened with Harm</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Incarcerated</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Adjudicated & Residing in the Community</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Under Supervision of the Courts</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Immigrants/Refugees.....</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other: _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Population	0-3	3-5	Children	Adolescents	Adults	Families	Children with Special Needs	<input type="checkbox"/>	<input type="checkbox"/>					Persons with Developmental Disabilities/Mental Retardation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Dependent or Disabled					<input type="checkbox"/>		Persons in Need of Mental Health Services.....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Seriously Mentally Ill					<input type="checkbox"/>		Harmed or Threatened with Harm			<input type="checkbox"/>				Incarcerated			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Adjudicated & Residing in the Community			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Under Supervision of the Courts			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Immigrants/Refugees.....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____						
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WHEREAS, the undersigned provider of health and human services (the “Provider”) is interested in competing for contracts awarded by the State of Hawai’i (the “State”) for the provision of health and human services to Hawai’i residents, and desires to make this Registration Statement of Provider Responsibility (“Statement”) in an effort to help promote greater efficiency in the competitive purchase of service procurement process pursuant to chapter 103F, HRS; and

WHEREAS, this Statement covers only general factors governing the responsibility of providers, and individual state agencies may have more or less stringent requirements for establishing the responsibility of providers;

NOW, THEREFORE, the Provider makes the following statements and representations as evidence of the Provider’s responsibility, compliance with applicable law, and sound business practices:

1. Tax Clearance Certificate. The Provider has obtained, or will obtain before any award of a contract to the Provider, a tax clearance certificate for both federal and state taxes.
2. Liability Insurance. The Provider has obtained, or will obtain before any award of a contract to the Provider, liability insurance in the amount of at least one million dollars (\$1,000,000).
3. Discrimination. The Provider is in compliance with all applicable federal, state, and county laws forbidding discrimination, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
4. Persons with Disabilities. The Provider is in compliance with all applicable federal, state, and county laws governing the treatment of persons with disabilities, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
5. Smoking. The Provider is in compliance with Chapter 328K, HRS, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
6. Drug-Free Workplace. The Provider is in compliance with the Drug Free Workplace Act of 1988, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
7. Licenses and Permits. The Provider has all licenses, certifications, and permits required by applicable federal, state, and county law in order to conduct the Provider's business, and shall maintain such licenses, certifications, and permits throughout the term of any contract awarded to the Provider by the State.
8. General Law. In addition to the areas specifically addressed in items 1-7 above, the Provider is in compliance with all applicable federal, state, and county law, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
9. Business Practices. The Provider conducts its business affairs in a professional manner that meets or exceeds the standard industry practices for similarly situated providers as to the following areas, as applicable:
 - a. fiscal or accounting policies and procedures, or both;

- b. personnel policies and procedures;
- c. program policies and procedures;
- d. written policies required by applicable federal, state, or county law; and
- e. client and employee grievance policies and procedures.

10. Documentation. In the event that the Provider decides to compete for the award of a contract with the State, the Provider will cooperate with any reasonable request from the State for documents supporting this Statement.

11. Duty to Update Registration Information. Whenever there is a change to a registered Provider's status, it is the duty of the provider to update documents submitted for registration within fifteen calendar days and shall be submitted to the State Procurement Office.

The undersigned authorized representative of the Provider certifies that this statement is true and correct to the best of the Provider's knowledge.

DATED: _____, _____, Hawaii
(City)

Individuals:

Organizations:

(Typed Name of Individual)

(Typed Name of Organization)

(Signature)

By: _____
(Signature)

(Federal Taxpayer ID Number)

(Typed Name)

Its: _____
(Position)

(State General Excise Tax Number)

(Federal Taxpayer I.D. Number or EIN)

(State General Excise Tax Number)

State Procurement Office
1151 Punchbowl Street, #230-A
Honolulu, Hawaii 96813

**Instructions for the
Registration Statement
of Health and Human Service Provider Responsibility
(Chapter 103F, HRS)**

There are two requirements to register with the State Procurement Office:

1. Complete, sign and submit Form SPO-H 100A, Registration Statement of Health and Human Service Provider Responsibility. (See some quick tips about completing the form.)

The completed form should be sent to the State Procurement Office, Health & Human Services Section at:

1151 Punchbowl St., #230A
Honolulu, HI 96813

The completed, signed form may also be faxed to (808) 587-4703 or converted to Adobe Acrobat format and e-mailed to corinne.y.higa@hawaii.gov.

2. Applicants must be registered and in good standing with the Hawaii Department of Commerce and Consumer Affairs (DCCA). The State Procurement Office checks good business standing with the DCCA by checking their website at <http://www.ehawaii.gov/dcca/cogs/exe/cog.cgi>. Please check the DCCA Business Registration-Certificate of Good Standing website before submitting your Form SPO-H-100A. If you are not registered with the DCCA, you may contact the Business Registration Division of the DCCA at (808) 586-2727 or check their website at: <http://www.BusinessRegistrations.com/>.

Exception:

Sole Proprietorships/Individuals- Sole proprietorships are not required to register with the DCCA.

**TIPS ABOUT COMPLETING FORM SPO-H-100A,
REGISTRATION STATEMENT OF HEALTH AND HUMAN SERVICE PROVIDER
RESPONSIBILITY**

This form is fairly self explanatory.

Item	Title	Instructions
1	Applicant Information	The "Legal Name" is the legal name of the business entity of the private provider. For sole proprietorships it is the sole proprietors legal name. For other business entities, it is the name used to register the business with the DCCA. "DBA" means doing business as. Sometimes a business is known by a name other than it's legal name. Complete if applicable.

Item	Title	Instructions
2	Contact person	This is a person who can answer any questions about the business. The contact person for a business/private provider shall not be state personnel with whom you conduct business.
3	Address	The "Business Address" is where the business is physically located. The "Mailing Address" is where all mail to the business should be sent. Sometimes the addresses are different.
4	Business entity	Check the appropriate business entity for your business. For business activity, enter a brief summary of the service activity of the business, i.e., social services to children and adolescents, psychological services, occupational therapy, physician, etc.
5 6 7	Geographic Area, General Population, Special Population	Select all the choices that are appropriate for your business. This is for information only. Should you later decide you wish to serve a geographic area or population that you did not select, it will not keep you from competing for such contracts.
Pages 2-3	Beginning with 'Whereas'	Should you compete for and be awarded a contract this section describes administrative requirements. The items listed (such as tax clearance and certificate of insurance) will be required at the time of the solicitation or contracting by the purchasing agency. (Check with the purchasing agency as to when they are required.) <i>Do not</i> send these items to the State Procurement Office. <i>Do</i> send the completed Form SPO-H-100A (3 pages) to the State Procurement Office.
Page 3	Signature	If you are applying as individual/sole proprietor complete the side marked "Individual." All other businesses should complete the side marked "Organizations."

Questions or comments? Contact:

Mara Smith at 808.587.4704 or mara.smith@hawaii.gov or
Corinne Higa at 808.587.4706 or corinne.y.higa@hawaii.gov.

Our website is:

<http://www.spo.hawaii.gov>

Click on Procurement of Health and Human Services